ATTACHMENT 4.19-B

Page 1.

Minimum payment to non-institutional providers of services for individuals eligible for Medicare and Medicaid will be as follows: Medicaid will disregard the deductible and co-insurance amounts, and pay no more than the difference between Medicaid's allowed amount minus the Medicare Part B payment.

Establishment of payment rates for the following types of care are provided under the program:

- 1. Inpatient Hospital Services-Refer to Attachment 4.19-A.
- 2. a. Outpatient Hospital Services. Outpatient hospital services must be provided on-site. Covered outpatient services and items by the Department will be paid in behalf of Medical Assistance clients at the lesser of customary charges or the reasonable cost of inpatient services and in accordance with the upper payment limits specified in Chapter 42 of the Code of Federal Regulations Section 447.321. The upper limits observed by the Department in reimbursing each individual hospital must not exceed the payment that would be determined as a reasonable cost under the policies, definitions and procedures observed under Medicare (Title XVIII) principles of cost reimbursement.
 - i. Payment to hospitals for clinical diagnostic laboratory tests rendered to outpatients and nonpatients will be paid at a rate not to exceed Medicare's fee schedule for each of those types of services. Exceptions included in Section 2303 (d) of the Deficit Reduction Act will be paid at a rate not to exceed the Department's Medical Assistance Unit, or its successor's, fee schedule.
 - ii. Hospital Outpatient Surgery. Those items furnished by a hospital to an outpatient in connection with Ambulatory Surgical Center must be surgical procedures covered by Idaho Medicaid. The aggregate amount of payments for related facility services, furnished in a hospital on an outpatient basis, is equal to the lesser of:

Transmittal No: 02-008 Date Approved:

Supercedes No: 02-004 Date Effective: 7-1-02